

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 533202

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3						
4						
5						
6		I				
7		I				
8		I				
9		I				
10	C	C				
11		I				
12	C	C				
13		I				
14		I				
15		I				
16		I				
17		I				
18		I				
19	C	C				
20		I				
21		I				
22		I				
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50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	20	↙		↙		↙
TOTAL CLAIMS	22					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						